

union with the ovaries, and to be very tortuous on account of the short distance between the ovaries and the origin of the tubes. On the surface of the ovaries were seen a few small vesicles of the size of shot, projecting little or none beyond the surface of the gland, and containing a slightly turbid fluid. From the ovaries and the fimbriæ several small vesicles were seen hanging by extremely delicate pedicles, from one-fourth to seven-eighths of an inch in length. They looked like pyriform drops of mucus, a little larger than the seeds of grapes, covered with an extremely delicate pellicle, which appeared to constitute the fibrils by which they were suspended. Upon cutting open the uterus, it was found to be thickly coated with a substance having the appearance and the strong peculiar odour of semen. Some of this substance was in the neck of the uterus. The Fallopian tubes, (at least the one which was laid open,) contained apparently the same matter, but whether it possessed the seminal odour was not ascertained. Upon wiping this matter from the lining membrane of the uterus, it was found to be of a vivid red, as red as the conjunctiva in acute ophthalmia, or as if it had been injected with vermilion.

*Philadelphia, December 16th, 1833.*

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ART. XII. *On the Anterior Membrane of the Eyeball.* By W. C. WALLACE, M. D. one of the Physicians to the New York Northern Dispensary.

WHEN the eye of an ox or a sheep is immersed in boiling water, the anterior membrane coagulates, and it may be separated from the cornea and that portion of the conjunctiva which it covers. The conjunctiva does not coagulate; it cannot be traced to the cornea, but seems inserted into the sclerotica. When the eye is macerated, and the conjunctiva dissected from the eyeball, the conjunctiva may be cut through at its attachment, and as the anterior membrane overlaps it, there may be the appearance of continuity of structure; but if the separation be commenced on the cornea, and be carried to the conjunctiva, the corneal covering will be found to overlap it for a short space, and to be a distinct membrane, as it can be completely separated from it. It may be compared to a small watch-glass, a little larger than the cornea, and placed over it and the contiguous conjunctiva. In the ox, the sheep, and apparently the negro, its surrounding border is a dark-brown muco-albuminous ring, and a mucous continuation of it extends to the edges of the eyelids. I am not

sure if this continuation be different from the mucus of the conjunctiva, yet it sometimes seems to contain membranous fibres which are more evident towards the internal angle. The most distinct way of showing the anterior membrane of the eyeball, is to macerate an eye for some weeks in vinegar, and then cautiously to immerse it in boiling water, to harden what is albuminous, without corrugating the other coats.

The description of the conjunctiva, by writers on ophthalmology, is, that it is a membrane *sui generis*, partaking of the diseases of mucous membranes and of those of the skin. By almost every writer on anatomy, even the most modern, it is described as lining the eyelids and being reflected over the eyeball. Some say that there can be no doubt of its covering the cornea, for that serpents and other animals that shed their skins, shed the conjunctiva, and that it passes over the cornea. This I consider no proof that they are continuous.

BAYLE states that the conjunctiva covers the anterior part of the globe of the eye as far as the circumference of the cornea, and that the cornea is covered by a peculiar species of epidermis distinct from the conjunctiva. MECKLE, CLOQUET, and CHARLES BELL, in some places, seem of the same opinion, but none of them proves the last circumstance. Cloquet refers to a memoir of Dr. RIBES, in the *Bulletin de la Faculté de Médecine*, 1814, No. 4. This memoir I have not been able to find.

If the cornea were covered with the conjunctiva, it is likely that vision would be impeded by mucus, and that the chemosis, in severe catarrhal or gonorrhœal ophthalmia, would pass over its surface. The existence of membranous fibres in the mucous layer covering the conjunctiva, and which seems continuous with the albuminous layer covering the cornea, has altered my views of the pathology of pterygium, a disease which does not appear to be seated in the conjunctiva. In strumous ophthalmia, pustules more frequently occur on the verge of the cornea than on any other part of the eye, and the loss of substance of the anterior membrane is as easily regenerated as that of the cuticle.

I may here relate another circumstance. When an eye is immersed in dilute nitric acid, the cornea is corroded; but no effect is produced upon the lining membrane, or that between the cornea and the aqueous humour. This is a very important fact in the economy of nature. When the cornea is ulcerated, the lining membrane resists as long as possible the destruction of the organ, and I am sore often preserves it by delaying the ulceration till the sore is disposed to heal either of its own accord, or by the application of remedies. I

have seen different oculists of eminence evacuate the aqueous humour by opening an unaffected part of the cornea, to lessen the pressure of the humours, and so retain the iris and other parts of the organ *in situ*, by preventing their protrusion through or adhesion to the ulcerated opening.

New York, December 27th, 1833.

ART. XIII. *Sequel of the Case of Axillary Aneurism and Ligature of the Subclavian Artery, inserted in Vol. III. p. 28, of this Journal.*

By EDWARD W. WELLS, M. D. of Maracaybo.

IN the month of December, 1828, eight months after the operation, the patient paid me a visit. He said that his arm felt rather weak, and that when he used it freely, as he sometimes did for the purpose of chopping with a *machete*, or sugar-knife, it was slightly painful. The varicose appearance of the integuments in the vicinity of the shoulder no longer existed. The pulse was very perceptible, both in the radial and ulnar arteries of the affected side, but much weaker than in the opposite limb. The tumour under the clavicle and in the axilla remained about the same as when I last saw him, with the exception of a slight thrilling kind of pulsation, which was perceptible in it, and which was considerably diminished, but not entirely suppressed by compressing the brachial artery on the distal side of the aneurismal enlargement. I recommended him to reapply pressure as he had done previously to the operation, and to continue it as long as he should perceive any pulsation in the tumour, restricting himself at the same time to a low diet, and avoiding exercise with the affected arm.

I did not see him again till August, 1830, when I met him by accident some miles from the city. The axillary portion of the tumour had entirely disappeared; and under the clavicle there was merely a slight protuberance, in which no pulsation was perceptible. The pulse at the wrist was stronger than when I last felt it, but still much weaker than that of the left arm. He told me that he felt no inconvenience in the arm or shoulder, but that it was weaker than its fellow. His general health was unimpaired.

This patient died in the month of March, 1831, consequently two years and eleven months after the operation. His disease, as I was informed by Dr. IRWIN, who attended him, was an ulceration of the bladder. Dr. I. says that the right shoulder remained in the state which I have described.

Maracaybo, March 19th, 1833.